

HISTORY FACILITY PROFILE

SOUTH DAVIS COMMUNITY HOSPITAL HHA PROVIDER #: 467081 TYPE ACTION: RECERTIFICATION
401 SOUTH 400 EAST PHONE NUMBER: (801) 298-8983 TYPE FACILITY: HOSPITAL BASED P
BOUNTIFUL UT 84010 PARTICIPATION DATE: 06/13/1994 TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
09/1997	07/1998	08/1999	08/23/2000		
X				STD	G0104-PATIENT HAS RIGHT TO EXERCISE RIGHTS AS PATIENT OF HHA
	X			STD	G0114-HHA INFORMS PATIENT OF PAYMENT METHODOLOGY
X				STD	G0116-RIGHT TO BE ADVISED OF AVAILABILITY OF TOLL-FREE HHA HOTL
X				STD	G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED
X				STD	G0218-SUBJECT AREAS EVALUATED AFTER OBSERVATION OF AIDE PERFORM
X	X			STD	G0221-DOCUMENTATION OF HOME HEALTH AIDE COMPETENCY EVALUATION
X				STD	G0223-HOME HEALTH AIDE ASSIGNED TO PARTICULAR PATIENT BY RN

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	0	0	2	6
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	0	2	6

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT